Florida Department of Health in Clay County

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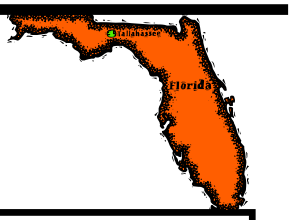
EPI-TAPH COMMUNICABLE DISEASES



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Chikungunya Virus –An Emerging Threat

- **Chikungunya** is a mosquito born viral infection
- As of 22 March 2014, the European Center for Disease Prevention and Control (ECDC) reported 2,868 confirmed and probable cases and 13,047 clinically suspected cases of chikungunya fever in the Caribbean. Three deaths have been associated with this outbreak. Affected regions include the French and Dutch portions of Saint Martin, Martinique, Guadeloupe, Saint Barthélemy, French Guiana, the British Virgin Islands, Dominica, Anguilla, Aruba, Saint Kitts and Nevis, and Saint Lucia (suspected cases). Many Caribbean islands are also experiencing dengue outbreaks as well.
- The clinical signs of chikungunya often mimic that of dengue, and misdiagnosis can occur in locations where dengue is common. Chikungunya virus and Dengue virus are transmitted by mosquito species that are widely distributed in the Americas and Caribbean population is highly transitory which could lead to further regional spread of the viruses. **There have been no cases of Chikungunya fever in the U.S. to date but there is an expectation that it will continue to spread to new areas.**
- Carnival and spring break are popular tourist celebrations for the Caribbean and the U.S. CDC states that over nine million Americans travel to the Caribbean annually. Travelers are advised to practice standard precautions to avoid insect bites. The CDC has issued a Travel Watch Level 1.
- The primary transmission cycle is person to mosquito to person (Anthroponotic transmission). The mosquito vector species both exist in Florida: ***Aedes aegypti and Aedes albopictus.***

- Chikungunya is a reportable disease. If you suspect a case, please contact DOH-Clay at 529-2852. The Florida DOH Bureau of Public Health Laboratories is equipped to handle diagnostic testing.

<u>Primary prevention is the avoidance and control of mosquitoes.</u>

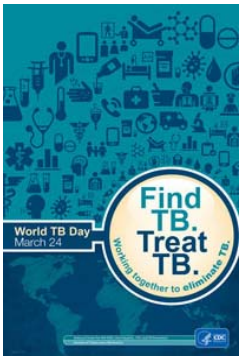
- Use air conditioning or window screens
- Use mosquito repellents on exposed skin
- Wear long sleeved shirts and long pants .
- Empty standing water from outdoor containers
- Support local vector control programs

<u>Chikungunya virus infection</u>

- Majority (72%-97%) of infected people develop clinical symptoms
- Incubation period usually 3-7 days (range 1-12 days)
- Primary clinical symptoms are fever and polyarthralgia
- There is no specific antiviral therapy
- Treat symptoms with supportive care and non-steroidal anti-inflamatory drugs

TB Program Priorities:

1. *Detect and Treat Active TB*
2. *Contact Investigation to assess individuals exposed to an Active TB case*
3. *Detect and treat LTBI cases to prevent future active cases.*



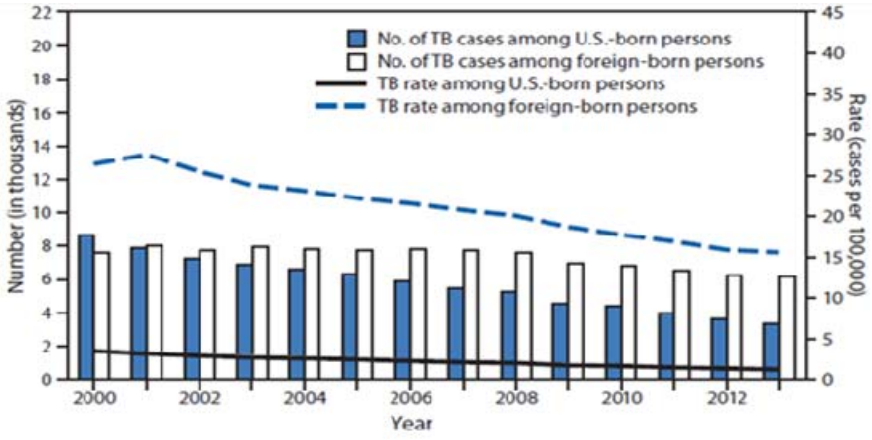
Humans Created Drug Resistant TB by:

- Incomplete Treatment
- Wrong Treatment (didn't test for sensitivity)

World TB Day

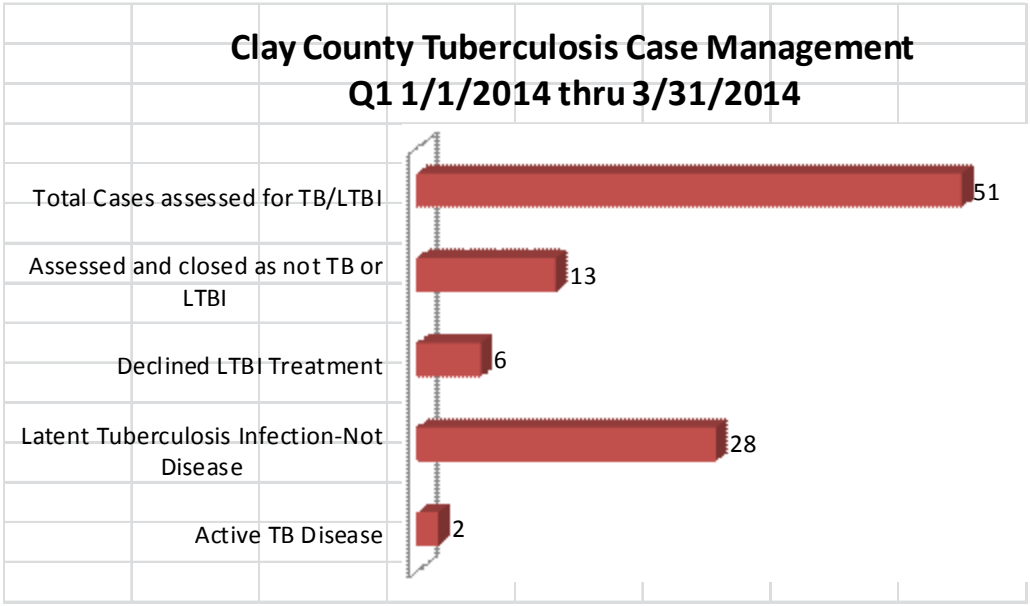
March 24th commemorates the date in 1882 when Dr. Robert Koch announced his discovery of *Mycobacterium tuberculosis*, the bacillus that causes tuberculosis (TB). The CDC and Public Health entities are committed to the goal of eliminating TB in the United States. All efforts to this end have resulted in the reduction of TB cases to 9,588 new TB cases reported in the United States in 2013 for a rate of 3.0 cases per 100,000. Although case counts and incidence rates continue to decline, certain populations are disproportionately affected.

- The TB incidence rate among foreign-born persons was approximately 13 times greater than the incidence rate among U.S. born person in 2013.
- Four states (California, Texas, New York, and Florida), account for approximately half the TB cases reported in 2013. These four states combined account for one third of the U.S. population. Their TB burden is disproportionately greater after population adjustment and these four state's share of the national TB case count has increased from 49.9% in 2012 to 51.3% in 2013.
- In 2013, 16%-26% of the population in each of these four states was foreign-born. Additionally, three of these states (California, New York and Florida) were among the 15 states with the highest rates of homelessness in 2013.
- The majority of TB cases among foreign-born persons have been attributed to reactivation of TB infection acquired previously



Tuberculosis (TB) is an illness caused by Mycobacterium tuberculosis germs put into the air when a person with active Tb disease of the lungs or throat coughs or sneezes. Some health conditions (HIV, Diabetes, autoimmune disease, long term prednisone therapy) increase the likelihood of progressing to Active TB. Cure of active TB disease requires long-term medication. TB germs resistant to medication can emerge when patients with active TB do no complete the entire treatment. A person who is exposed to the TB germs and develops antibodies but not the disease is said to have a Latent TB Infection (LTBI). Without treatment these individuals are at risk for developing active TB later in life.

TUBERCULOSIS: 2014 Q1 SNAPSHOT



Clay County STD Summary for 1/1/2014—3/31/2014

	Chlamydia Cases			Gonorrhea Cases			Infectious & Early Latent Syphilis		
	Count	Total	Percent	Count	Total	Percent	Count	Total	Percent
Gender									
Male	38	168	23%	20	45	44%	0	1	0%
Female	128	168	76%	25	45	55%	1	1	100%
Age Group									
10-14yrs	0	168	0%	0	45	0%			
15-19	51	168	30%	15	45	33%			
20-24	68	168	40%	14	45	31%	1	1	100%
25-29	28	168	16%	6	45	13%			
30-34	5	168	3%	6	45	13%			
35-39	5	168	3%	0	45	0%			
40-44	6	168	3%	1	45	2%			
45-55	4	168	2%	3	45	7%			
55+	0	168	0%	0	45	0%			
unknown	1	168	0.60%	0	45	0%			

Rule 64D-3, Florida Administrative Code (F.A.C.) gives guidance specific to health care providers and laboratories and their reporting responsibilities.

"each practitioner licensed under Chapters 458,459,460,464,467, and 474, F.S. and medical examiner appointed pursuant o Chapter 406 F.S., who diagnoses, treats or suspects a case, or who suspects an occurrence of disease or condition listed in the Table of Notifiable Diseases or Conditions, Rule 64D-3.029, F.A.C., including in persons who at the time of death were so affected, shall report or cause to be reported all such diagnoses or suspicions per this rule. Reporting of specimen results by a laboratory to a county health department director, administrator of designee does not nullify the practitioner's obligation to report said disease or condition."

INCIDENCE REPORT

CONFIRMED, PROBABLE, SUSPECT, UNKNOWN CASES OF MULTIPLE DISEASES WITH REPORT DATE FROM 01/01/2014 TO 03/31/2014 IN CLAY COUNTY

	Selection Date 1/1/2014 - 3/31/2014		Compare Date 1 1/1/2013 - 3/31/2013		Compare Date 2 1/1/2012 - 3/31/2012		Compare Date 3 1/1/2011 - 3/31/2011	
FL Disease Code	**Total**	**Rate**	**Total**	**Rate**	**Total**	**Rate**	**Total**	**Rate**
Campylobacteriosis	3	1.49	3	1.53	1	0.52	7	3.66
Carbon Monoxide Poisoning	1	0.50	0	0.00	0	0.00	0	0.00
Cryptosporidiosis	0	0.00	1	0.51	3	1.56	2	1.04
Dengue Fever	1	0.50	1	0.51	0	0.00	0	0.00
Ehrlichiosis/Anaplasmosis	1	0.50	0	0.00	0	0.00	0	0.00
Encephalitis Other (non-arboviral)	0	0.00	0	0.00	0	0.00	1	0.52
Escherichia coli, Shiga Toxin-Producing (STEC)	0	0.00	0	0.00	0	0.00	1	0.52
Giardiasis	3	1.49	0	0.00	1	0.52	2	1.04
Haemophilus influenzae (Invasive Disease)	1	0.50	0	0.00	1	0.52	2	1.04
Hepatitis B, Acute	0	0.00	0	0.00	1	0.52	0	0.00
Hepatitis B, Chronic	3	1.49	7	3.57	10	5.19	3	1.57
Hepatitis B, Surface Antigin (HBsAg+) in Pregnant Women	0	0.00	0	0.00	0	0.00	3	1.57
Hepatitis C, Acute	1	0.50	0	0.00	0	0.00	0	0.00
Hepatitis C, Chronic	52	25.89	40	20.39	93	48.23	33	17.24
Influenza-Associated Pediatric Mortality	0	0.00	0	0.00	0	0.00	1	0.52
Lead Poisoning	1	0.50	0	0.00	1	0.52	1	0.52
Legionellosis	0	0.00	0	0.00	1	0.52	0	0.00
Lyme Disease	0	0.00	1	0.51	0	0.00	0	0.00
Meningitis (Bacterial, Cryptococcal, Mycotic)	0	0.00	0	0.00	1	0.52	0	0.00
Pertussis	1	0.50	1	0.51	0	0.00	1	0.52
Rabies, Animal	0	0.00	0	0.00	0	0.00	1	0.52
Rabies, Possible Exposure	4	1.99	3	1.53	2	1.04	9	4.70
Salmonellosis	10	4.98	11	5.61	8	4.15	9	4.70
Shigellosis	3	1.49	0	0.00	0	0.00	0	0.00
Streptococcus pneumoniae invasive disease, drug-resistant	0	0.00	1	0.51	1	0.52	5	2.61
Streptococcus pneumoniae invasive disease, drug-susceptible	0	0.00	3	1.53	1	0.52	1	0.52
Streptococcal Disease, Invasive, Group A	1	0.50	1	0.51	1	0.52	1	0.52
Varicella	3	1.49	2	1.02	3	1.56	7	3.66
Vibriosis (*Vibrio alginolyticus*)	1	0.50	0	0.00	0	0.00	0	0.00
Vibriosis (*Vibrio parahaemolyticus*)	0	0.00	0	0.00	0	0.00	1	0.52
	90	**44.81**	75	**38.24**	129	**66.93**	91	**47.51**

*Population data are obtained from CHARTS and are an estimate:
rates are per 100,000 population